

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90005 032 \*\*\*150.00

DOCUMENT # P98000090963 ✓

1. Corporation Name

Carcharias Corporation

Principal Place of Business

6135 NW 167 St  
#E-27

Miami, FL 33015

Mailing Address

6135 NW 167 St  
#E-27

Miami, FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/98

4. FEI Number

65-0870595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 290 NW 165 St

Suite, Apt. #, etc.

22 M-200

City & State

23 Miami, FL

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 290 NW 165 St

Suite, Apt. #, etc.

27 M-200

City & State

28 Miami, FL

Zip

29 33169

Country

30 USA

9. Name and Address of Current Registered Agent

Thompson, Samuel A.  
6135 NW 167 St, #E-27  
Miami, FL 33015

10. Name and Address of New Registered Agent

81 Name

Thompson, Samuel A.

82 Street Address (P.O. Box Number is Not Acceptable)

290 NW 165 St

83

# M-200

84 City

Miami, FL

FL

85 Zip Code

33169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Samuel A. Thompson

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD Thompson, Samuel A.

STREET ADDRESS 6135 NW 167 St, #E-27

CITY-ST-ZIP Miami, FL 33015

TITLE ☐ DELETE

NAME VP Thompson, Clarbelle P.

STREET ADDRESS 6135 NW 167 St, #E-27

CITY-ST-ZIP Miami, FL 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD Thompson, Samuel A.

1.3 STREET ADDRESS 290 NW 165 St, M-200

1.4 CITY-ST-ZIP Miami, FL 33169

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP Thompson, Clarbelle P.

2.3 STREET ADDRESS 290 NW 165 St, #E-27

2.4 CITY-ST-ZIP Miami, FL 33169

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel A. Thompson

DATE

4/26/99

Daytime Phone #

305-701-6837

CR2ED034 (11/98)